



Bay of Plenty District Health Board Terms of Reference – 2006

**Board Secretary
Bay of Plenty District Health Board
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1.0 COMPLIANCE

The Bay of Plenty District Health Board (the board) is established in accordance with Part 3 and schedules 1 to 3 of the New Zealand Public Health and Disability Act 2000 (the Act).

The Terms of Reference for the board shall be to carry out the following in a manner that is consistent with the New Zealand Health Strategy, the New Zealand Disability Strategy and the National Maori Health Strategy.

2.0 OBJECTIVES

- to improve, promote, and protect the health of people and communities:
- to promote the integration of health services, especially primary and secondary health services:
- to promote effective care or support for those in need of personal health services or disability support services:
- to promote the inclusion and participation in society and independence of people with disabilities:
- to reduce health disparities by improving health outcomes for Maori and other population groups:
- to reduce, with a view to eliminating, health outcome disparities between various population groups within New Zealand by developing and implementing, in consultation with the groups concerned, services and programmes designed to raise health outcomes.
- to exhibit a sense of social responsibility by having regard to the interests of the people to whom it provides, or for whom it arranges the provision of, services:
- to foster community participation in health improvement, and in planning for the provision of services and for significant changes to the provision of services:
- to uphold the ethical and quality standards commonly expected of providers of services and of public sector organisations:
- to exhibit a sense of environmental responsibility by having regard to the environmental implications of its operations:
- to be a good employer.
- The board will pursue and demonstrate its objectives in accordance with its district strategic plan, district annual plan, statement of intent, code of conduct and any directions or requirements given to the board by the Minister of Health (the Minister) under sections 32 or 33 of the Act. (Refer to 11.0 Statutory Documents)

3.0 FUNCTIONS

For the purpose of pursuing and demonstrating its objectives, the board has the following functions:

- to ensure the provision of services for its resident population and for other people as specified in its Crown funding agreement:

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- to actively investigate, facilitate, sponsor, and develop co-operative and collaborative arrangements with persons in the health and disability sector or in any other sector to improve, promote, and protect the health of people, and to promote the inclusion and participation in society and independence of people with disabilities:
- to issue relevant information to the resident population, persons in the health and disability sector, and persons in any other sector working to improve, promote, and protect the health of people:
- to establish and maintain processes to enable Maori to participate in, and contribute to, strategies for Maori health improvement.
- Maintain the partnership relationship between the Board and the Maori Health Runanga. (Refer to 9.0 Board Relationship with Bay of Plenty Iwi)
- to continue to foster the development of Maori capacity for participating in the health and disability sector and for providing for the needs of Maori:
- to provide relevant information to Maori for the purposes of fostering Maori participation in Maori health improvement.
- to regularly investigate, assess, and monitor the health status of its resident population, any factors that the DHB believes may adversely affect the health status of that population, and the needs of that population for services:
- to promote the reduction of adverse social and environmental effects on the health of people and communities:
- to monitor the delivery and performance of services by it and by persons engaged by it to provide or arrange for the provision of services:
- to participate, where appropriate, in the training of health professionals and other workers in the health and disability sector:
- to provide information to the Minister for the purposes of policy development, planning and monitoring in relation to the performance of the DHB and to the health and disability support needs of New Zealanders:
- to provide, or arrange for the provision of, services on behalf of the Crown or any Crown entity within the meaning of the Public Finance Act 1989:
- to collaborate with pre-schools and schools within its geographical area on the fostering of health promotion and on disease prevention programmes:
- to perform any other functions it is for the time being given by or under any enactment, or authorised to perform by the Minister by written notice to the board of the DHB after consultation with it.

4.0 BOARD MEMBERSHIP

Membership of the board shall be seven members elected in accordance with schedule 2 of the Act; and up to four members appointed by the Minister by notice in the *Gazette*. (Refer to Schedule 3, clauses 2-9).

Current Board Member Profiles are attached in Appendix 1.

CHAIRPERSON AND DEPUTY CHAIRPERSON

The Chairperson and Deputy Chairperson of the Board are appointed by the Minister from among the current appointed or elected members.

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The current Chairperson of the Board is Mary Hackett and the Deputy Chairperson is Graeme Horsley

5.0 ROLE OF BOARD

1. All decisions relating to the operation of the district health board are to be made by or under the authority of the board.
2. The board has all powers necessary for the governance and management of the DHB.
3. The board delegates to the Chief Executive of the board, under clause 39 of schedule 3 of the Act, the power to make decisions on management matters relating to the board, but any such delegation may be made on such terms and conditions as the board thinks fit.
4. This section does not limit clause 44 of schedule 3 of the Act.

DELEGATIONS

The Minister of Health has approved a delegation policy for the Board, which is attached at appendix 2.

ACCOUNTABILITY OF THE BOARD

The board is responsible to the Minister in the manner set out in the Public Finance Act 1989 and the New Zealand Public Health & Disability Act 2000.

6.0 DUTIES OF BOARD MEMBERS

1. a member of the board, when exercising powers or performing duties as a board member, must act:
 - a. in good faith; and
 - b. with reasonable care, diligence, and skill; and
 - c. with honesty and integrity; and
 - d. in accordance with the Board's Code of Confidentiality (attached at appendix 3)
2. the board:
 - a. must ensure that it acts in a manner consistent with the functions of the DHB, and with the board's district strategic plan, annual plan, statement of intent, code of confidentiality, code of conduct and any directions or requirements given under sections 32 or 33 of the Act:
 - b. must not act, or agree to the DHB or any subsidiary of the DHB acting, in a manner that contravenes the Act or any other Act:
 - c. must ensure that the activities of the entity, and those of its subsidiaries, are conducted efficiently and effectively and in a manner consistent with the spirit of service to the public:

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- d. must have regard to the interests of creditors of the DHB, and endeavour to ensure that the DHB operates in a financially responsible manner in accordance with section 41.

DISCLOSURE OF BOARD MEMBERS' INTERESTS

An Interests Register is kept by the Board Secretary containing conflicts of interest which have been notified by individual board members on their election and/or appointment. The Interests Register is regularly updated by board members and also appears as a regular board and committee meeting agenda item. It is the responsibility of individual board members to inform the board of a conflict or potential conflict of interest prior to an agenda item being discussed. The notified conflict will be recorded in the minutes and the Register updated accordingly. A copy of the Interests Register as at 12 July 2006 is attached at appendix 4.

7.0 BOARD MEMBERS' REMUNERATION

The fees paid to board members are determined by the Minister of Health under the Act.

BOP DHB Guide For Claiming Board and Committee Fees and Expenses together with Ministry of Health board fee advice effective as at July 2003 is attached at Appendix 5.

The Chair receives a base fee of \$42,000 per annum. The Deputy Chair receives a base fee of \$26,250 per annum and the members receive a base fee of \$21,000 per annum. The base fees are annualised and paid monthly. If a member attends less than 10 meetings in a year, the base fee is pro rated.

In addition to the base fees referred to above, meeting fees are offered for attendance at meetings of the three statutory committees (ie the Bay of Plenty Hospital Advisory Committee, the Community & Public Health Advisory Committee and the Disability Services Advisory Committee). Meeting fees are also payable for attendance at two non statutory committees; the Audit, Risk and Finance Committee and the Estate and Facilities Committee. These fees are set at \$312.50 for the Chair and \$250 for members and are payable to external appointees to the committees as well as board members. A maximum of 10 such fees are payable in any one year. Fees are not payable to any officer or elected representative of an organisation that would expect their officers or elected representatives to attend meetings as a normal part of their duties and that pays the persons concerned for those duties.

8.0 COMMITTEE STRUCTURE

STATUTORY ADVISORY COMMITTEES

The board is responsible to establish the following advisory committees (Section 34 of the Act)

Community and Public Health Advisory Committee

Committee Membership, Terms of Reference are attached at appendix 6)

Disability Services Advisory Committee

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Committee Membership, Terms of Reference are attached at appendix 7)

Bay of Plenty Hospital Advisory Committee

Committee Membership, Terms of Reference are attached at appendix 8)

NON-STATUTORY ADVISORY COMMITTEES - (Schedule 3, clause 38 of the Act)

Audit, Risk & Finance Committee

Committee Membership and Terms of Reference are attached at appendix 9.

Estate and Facilities Committee

Committee Membership and Terms of Reference are attached at appendix 10

CEO Remuneration Committee

Committee Terms of Reference and Membership are attached at appendix 11.

9.0 BOARD RELATIONSHIP WITH BAY OF PLENTY IWI

Maori Health Runanga (the Runanga")

Runanga Membership, Interests Register, Memorandum of Understanding with BOPDHB and Terms of Reference *are attached at appendix 12.*

10.0 MEETINGS OF THE BOARD AND STATUTORY ADVISORY COMMITTEES

NOTICE OF MEETINGS – (Schedule 3, clauses 16-18)

Meetings are advertised in the Bay of Plenty Times, Opotiki News and Eastern Bay News towards the end of each month. The advertisement indicates the date, time and venue of each meeting for the following month. This information is also available at www.bopdhb.govt.nz

AVAILABILITY OF AGENDAS AND REPORTS – (Schedule 3, clauses 19-24)

Agendas are available to the public, two working days after issue date, from the BOPDHB, DHB Office, Corner Clarke Street and 20th Avenue, Tauranga and are also available for viewing at www.bopdhb.govt.nz

The BOPDHB meeting schedule for 2006 and 2007 is attached at appendix 13.

PROCEDURE AT MEETINGS – (Schedule 3, clauses 25-30)

BOP DHB Meeting Guidelines are attached at appendix 14

11.0 STATUTORY DOCUMENTS

DISTRICT STRATEGIC PLAN

The board must:

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- a. determine a district strategic plan for fulfilling its objectives and functions during a period of 5 to 10 years
- b. determine a replacement district strategic plan before its current plan expires; and
- c. review its current district strategic plan at least once every three years

A copy of the Strategic Plan is available from the Board Secretary.

DISTRICT ANNUAL PLAN

The Minister and the board must agree on an annual plan of the board for each financial year beginning on or after 1 July 2001.

A copy of the District Annual Plan is available from the Board Secretary.

12.0 OTHER

The responsibilities of the BOPDHB in relation to the following issues may be determined by referring to the Act.

SEAL – Schedule 3, clause 41

CONTRACTS AND OTHER ENFORCEABLE OBLIGATIONS – Schedule 3, clause 42

DEALINGS WITH LAND –Schedule 3, clause 43

EMPLOYEES OF DHBS –Schedule 3, clause 44

BORROWING AND INVESTMENT - Schedule 3, clause 45-46

TAX STATUS –Schedule 3, clause 47

ADDRESS FOR SERVICE – BOP DHB, DHB Building, Corner Clarke St and 20th Avenue, Tauranga

Reference: The New Zealand Public Health and Disability Act 2000

Part 3	District Health Boards
Schedule 1	DHBs and their geographical areas (relating to BOP only)
Schedule 2	Membership of boards: election and appointment of members, and effect of boundary changes on membership
Schedule 3	Provisions applying to DHBs and their boards

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Appendix 1

Current Board Members Profiles

Mary Hackett

Mary is the current chairperson of the Bay of Plenty District Health Board. She has been an appointed member of the board since August 1999, and became an elected member in November 2001. She was subsequently appointed as chairperson by the Minister of Health.

Mary has extensive experience in clinical nurse and management positions in the health services, spanning more than 30 years. Her academic qualifications, in nursing and business management, reflect her health background.

She has held many positions that have required change, and change management skills, as well as working with regional health authorities as a consultant.

Mary's appreciation of health and its importance is reflected in the health outcomes that the Bay of Plenty District Health Board has adopted as the basis of its District Strategic Plan. These outcomes incorporate a belief that good health is something that begins when we are young, that it needs to be nurtured through all stages of life, and that everyone, including those with disabilities, should have the chance of health and well-being for all their lives.

David Stewart

David is a qualified surveyor with over 20 years successful business and project management experience. He has been a member of the Bay of Plenty District Health Board since 2001 and is chairperson of the Estate and Facilities Committee, which oversees the \$110 million Tauranga Hospital project. He is also deputy mayor of Tauranga and a board member of Tauranga Airport.

David is keen to ensure that the health funds are spent wisely to provide better health and hospital services. With a strong background working with community groups and organisations, David would like to see the health board working closer with local councils, community groups and health providers to provide efficiencies and better health outcomes for the people of the district.

David enjoys the surf and beach at Mount Maunganui where he lives and spending time with his 10 year-old son Alex. He is an active member of Mount Maunganui Rugby, Squash and Mount Ocean Sports clubs.

David holds a Bachelor of Surveying from Otago University.

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Punohu McCausland

Punohu has Te Arawa and Mataatua tribal affiliations, has a background in education, teaching and lecturing, and holds a Bachelor of Maori Studies.

For the past 10 years, Punohu has been involved in the health sector, holding trustee, directorship, coordinator and chairperson positions. Punohu was appointed to the Bay of Plenty District Health Board in December 2004 and is a member of the Disability Services Advisory Committee.

Graeme Horsley

Graeme was first appointed to the Bay of Plenty Health Board in 2001 and is currently deputy chairperson of the board and a member of the Audit, Risk and Finance Management, Bay of Plenty Hospital Advisory Committee, Estate and Facilities Committee, and Remuneration Committees.

Graeme retired from partnership with Ernst & Young in June 2004. He is now a professional director, with directorships on ANZO and two unlisted investment companies, and as chairperson of Ngati Whatu o Orakei Corporation.

Paula Thompson

Paula's qualifications are BA LLB Dip Bus Admin (Mgt). Paula started her career as a solicitor, followed by 16 years in local government, with part of this time as the chief executive officer of Tauranga City Council from 1995 to 2002. Paula now operates her own project consultancy business. She was appointed to the Bay of Plenty District Health Board in December 2004 and is a member of the Bay of Plenty Hospital Advisory Committee, Audit, Risk and Finance Management Committee, and the Remuneration Committee.

Tamati Kruger

Tamati is Tuhoe and lives at Taneatua. He works with a number of local tribal-based organisations involved in research, education, training and health. He is in his second term as an appointed member of the Bay of Plenty District Health Board. Tamati is a member of the Community Public Health Advisory Committee, the Maori Health Runanga Executive and the Maori Health Determinants Project Group. His special interests include rural community health, Maori health, and primary health organisations.

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Don Riesterer

Don is in his second term as an elected member of the Bay of Plenty District Health Board. He served as deputy chairperson in his first term and is currently chairperson of the Disability Services Advisory Committee and a member of the Audit and Risk Committee.

Don brings a wealth of local government experience with him, having served for 12 years as mayor of Opotiki District Council and for several years as vice-president of the Local Government of New Zealand National Executive.

Don has a strong interest in all community affairs and is a member of Te Ao Hou primary health organisation. He has a wide background in sports and was chairperson of Sport Bay of Plenty for four years. As chairperson of the Disability Community Trust for the eastern Bay of Plenty, Don is able to promote many of the positive policies and programmes that are in the health board's plan.

Marion Guy

Marion is a registered nurse who works in Primary Health Care as a practice nurse. She has been a nurse for many years holding a number of leadership roles. Marion has been a member of a number of Ministry of Health committees and is currently on the Primary Health Care nursing expert advisory group to the Ministry of Health. She is also currently president of the New Zealand Nurses Organisation.

Marion is in her first term as an elected member on the Bay of Plenty District Health Board. She is a member of the Community and Public Health Advisory Committee. Marion is also a board member of the Western Bay of Plenty Primary Health Organisation. She has a strong interest in Primary Health Care and is keen to see the people in our communities being able to access appropriate health care services. Marion's involvement in a variety of areas gives her a broad view of health issues across the sector.

Mark Arundel

Mark is a community pharmacist in Bethlehem, who came to Tauranga from Christchurch in 1986. With a teenage family, retired parents and daily contact with patients from every part of the community, and having served three terms as a Bay of Plenty District Health Board member spanning many major health reforms, Mark is acutely aware of the challenges that the health board faces to meet population health needs during the next 20 years.

Mark believes that the planning and action that the health board takes now are critical to improve the population's future health status, along with the need to improve individual activity, nutrition and fitness across all ages.

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Debbie Short

Debbie was elected to the Bay of Plenty District Health Board in October 2004, under the Better Deal Cancer Lobby. She is a member of the Bay of Plenty Hospital Advisory Committee.

Debbie's experiences as a cancer patient, having surgery, chemotherapy and radiotherapy, gave her a perceptive insight into the health system.

Coming from a non-medical professional background, Debbie adds an important outside perspective to the health board, without any medical conflicts of interest. She is also a trustee of the Breast Cancer Action Trust and is keenly interested in cancer issues, and cancer treatments and their delivery.

Yvonne Boyes

Yvonne resides in Ohope and is a registered nurse. The majority of her work experience has been within district nursing, providing oncology and palliative care for adults and children. At present, Yvonne is director of nursing at Waipuna Hospice.

Yvonne has been an elected member of the Bay of Plenty District Health Board since its inception in 2001, and from May 2005 has been a committee member of the Cancer Control Council of New Zealand. She is a member of the Community and Public Health Advisory Board.

Yvonne has an interest in providing access and quality of care for the diverse population within the Bay of Plenty. Her qualifications include as a registered general nurse, a Bachelor of Nursing and a Post-Graduate Certificate in Health Management.

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BOPDHB Delegations Policy

It is the Boards policy that Delegations are implemented and used in a way to ensure that:

1. The Bay of Plenty District Health Board can be managed effectively and efficiently.
2. The Board is able to meet its statutory and other obligations, including public accountability.
3. That annual plan(s) are met.

PURPOSE

- The Board is required by the Act (section 26 and clause 39 of schedule 3) to establish and maintain a delegation policy.
- The purpose of the policy is not to impose restrictive control but to ensure responsibility and accountability.
- The Board also wishes to ensure management is able to operate the business without unnecessary delays and enables them to carry out the day-to-day running of the business.

DEFINITIONS

Act	The New Zealand Public Health and Disability Act 2000 including amendments and regulations that may be in force from time-to-time.
Advisory Committees	Committees appointed by the Board created in accordance with sections 34-36 of the Act or clause 38 of Schedule 3 of the Act.
Asset	An item of property, plant or equipment is considered an asset if it is more than \$200 in value (either purchase price or purchase price equivalent) and is expected to last more than one year.
Annual Plan(s)	The Annual Plan for the current financial year of Bay of Plenty District Health Board approved by the Minister of Health and includes the associated management plans, operational plans and annual budgets.
Board	Board of the Bay of Plenty District Health Board.
Capital Disposal	The sale, disposal or write off of any asset.
Capital Expenditure	The purchase or lease of any asset.
Chair	The person holding the position of Chair of the Bay of Plenty District Health Board, or in his or her absence the Deputy Chair of the Bay of Plenty District Health Board.

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Chief Executive Officer (CEO)	A person appointed by the Board in this role (including a person who may be appointed in an acting capacity).
Chief Financial Officer (CFO)	A person appointed by the CEO in this role (or equivalent role).
Committee Chair	Chair, or deputy chair acting in the chairs absence, of an Advisory Committee.
Financial year	The accounting year between 1 July and 30 June the following year.
Minister	The Minister of Health or associates as applicable.
Non-standard Payroll Transactions	These are payments to employees or former employees that are not made up of normal payment for time worked or various types of leave at normal rates, or reimbursements of minor expenditure. Non-standard Payroll Transactions include, but are not limited to, gratuity payments or termination payments. Advice should be sought from HR.
Operating Expenditure	Expenditure related to the day-to-day operations of the organisation excluding the purchase or lease of assets or employee payments. It includes all expenditure on goods and services.
Purchase Price Equivalent	For a leased asset the purchase price equivalent is the higher of the price the asset could be purchased for if not leased or the total of the lease payments.
Statutory Powers	Powers and responsibilities imposed by legislation or regulation on the Bay of Plenty District Health Board that the Board wishes to delegate.
Unscheduled Expenditure	This is expenditure not included in the Annual Plan or the associated budgets.

EXCLUSIONS

There are no exclusions to this policy.

STANDARDS TO BE MET

1. General

All delegations must be executed in accordance with Annual Plan(s), approved by the Board, including capital purchases and asset disposals. It is noted that the Annual Plan(s) are considered a contract between the Board and the Minister of Health.

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Every delegation of any function, duty or power of the Bay of Plenty DHB by the Board must be in writing. The only persons to whom functions, duties or powers can be delegated are:

- Any committee or member of the Board.
- Any employee of Bay of Plenty DHB.
- Any other person/class of persons approved by the Minister for the purpose.

A delegation of a function, duty, or power is revocable and does not prevent the Board from performing the function or duty, or exercising the power. A delegation may be to any named person or to any member of a specified class of persons; and, if made to a specified class of persons is, unless it provides otherwise, to each member of the class for the time being, even though the membership of the class has changed since the delegation was made. It is stressed that with the delegation of authority there is a delegation of accountability, and a requirement to act in a responsible manner.

2. Delegations Reserved For Minister

The NZPHD, PFA and government policy requires approval by the Minister of the following transactions:

- Sale of Land and Buildings.
- Finance Leases and operating leases exceeding \$0.5m or 10% of total assets.
- Borrowing or Financing Transactions.
- Co-operative arrangements.
- Purchasing and holding of shares or securities.
- Creating or settling trusts.

3. Delegations Reserved For Board

The Board wishes to retain all of its statutory powers, functions and duties not delegated to an Advisory Committee or to the Chief Executive Officer. Without limitation, the Board will exercise decisions in respect of major expenditure, including:

- Revenue and funding contracts above the financial limitation delegated to the CEO;
- Capital expenditure above financial limitation delegated to the CEO;
- Expenditure for major maintenance above the financial limitation delegated to the CEO;
- Financial delegations above the financial limitation delegated to the CEO;
- Property matters subject to any conditions in respect of the Board's approval.

The Board will exercise decisions on health service delivery functions, and carry out major policy, business planning and quality assurance functions. The Board may exercise decisions such as:

- Entering into major service agreements;
- Entering into leases, licences and tenancy agreements and their variation, termination and assignment with Ministerial approval;
- Entering into major financial commitments in relation to the provision of goods or services;
- Entering into individual and collective employment agreements;
- Initiating or defending litigation or giving approval of litigation;
- Signing licensing applications;
- Making decisions on management matters not delegated to the CEO;
- Making decisions in respect of the power to borrow or raise finance.

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4. Delegations to Chief Executive Officer (CEO)

In accordance with section 26(3) of the Act, the Board must delegate to the Chief Executive of the Board, under Clause 39 of Schedule 3, the power to make decisions on management matters relating to the organisation, but any such delegation may be made on such terms and conditions as the Board thinks fit, (which must be set out in the actual delegation).

The delegation may include without limitation the following areas of responsibility:

- (a) Human resources;
- (b) Revenue and funding contracts up to the financial limitation delegated;
- (c) Capital expenditure or disposal up to the financial limitation delegated;
- (d) Expenditure for major maintenance up to the financial limitation delegated;
- (e) Financial delegations up to the financial limitation delegated;
- (f) Property matters subject to any conditions in respect of approval;
- (g) Legal matters subject to any conditions specified;
- (h) Administration matters subject to any conditions and relevant policies;
- (i) Supplies and services subject to any conditions and up to the financial limitation delegated;
- (j) Research matters subject to any conditions in respect of approval.

The ability for the Board to delegate to the CEO does not include:

- 1) Any function, duty or power of the Bay of Plenty DHB which the Board currently retains or exercises;
- 2) Any delegation to an Advisory Committee of the Board or any of the functions, duties or powers, of the Board pursuant to clause 39(4) of Schedule 3 of the Act.

The CEO will establish, maintain and review a register of delegation authorities within the limits from this policy.

The CEO will also establish and maintain other policies that are required for the good management of the Bay of Plenty District Health Boards business including the provision of health and disability services.

Delegations are limited to the activities contained in the Annual Plan(s).

5. Advisory Committees

The Board may delegate to an Advisory Committee of the Board any of the functions, duties or powers of the Board pursuant to Clause 39(4) of Schedule 3 to the Act.

6. Sub-delegation

The Act authorises sub-delegation (delegation of a power delegated to the person who proposes to delegate the same power) only with the Boards written consent, or in accordance with the provisions of the specific delegation. The following are the situations in which the Board may consent to sub-delegation, but in all cases, these limitations will be set out in the provisions of the actual delegation. Alternatively, the Board can delegate these directly.

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- The Chief Executive and Members of the Management Team can only sub-delegate their authority to their peers or to staff who report directly to them, eg. a General Manager can sub-delegate to Team Leaders. Other staff may sub-delegate only with the approval of the person who delegated the function, duty, or power to them.
- Managers are responsible for establishing written sub-delegations for all areas under their control. All written sub-delegations require approval by the person to whom the delegator is responsible. This means that each manager is responsible for preparing sub-delegation documents for all direct reports, and also for ensuring all staff within the areas under their control have written sub-delegations.

Over time the level of sub-delegated authority can, and should, change. Managers making sub-delegations may establish in writing additional control requirements to those shown in this document. Sub-delegation does not diminish the responsibility of the holder of the delegated authority for the way in which the authority is exercised. All sub-delegations must be in writing and specify limits and any special conditions.

7. Key Principles of all delegations

- Board approval is required for any action exceeding the limits delegated to the Chief Executive.
- All delegated authorities are exercised on the Boards behalf and must be exercised in accordance with relevant policies and procedures set by the Board from time to time.
- All new ventures and changes of policy or practice that are likely to significantly affect outputs or change access to a service require Board Approval.
- Board approval is required for any proposal that might attract significant adverse publicity or can with reasonable foresight be predicted to result in legal action against Bay of Plenty DHB.
- The Board will not delegate to any person the authority to raise capital or to specifically borrow money by any means whatsoever, including options, swaps, or any other off-balance sheet items.
- All individuals must familiarise themselves with the principles and practices of the New Zealand Public Health and Disability Act 2000 before exercising delegated authority.

8. Process for delegating

For delegating functions, duties, or powers of the Bay of Plenty DHB, the Board will:

1. Define the functions, duties, or powers to be delegated specifically outlining the limits of the functions, duties, or powers being delegated;
2. Determine to whom it is proposed the functions, duties, or powers are to be delegated (“the potential delegate”), particularly ensuring that the person does not have any undeclared “interest” in the transaction;
3. Define the criteria to be used in assessing whether to delegate the function, duty, or power;
4. Assess the competence of the potential delegate to perform the functions, duties, or powers being delegated;
5. Determine and then approve the fitness of the potential delegate for delegation;
6. Formally delegate in writing the functions, duties, or powers as defined;
7. Consider the question of sub-delegation of that power and any conditions attached to that sub-delegation.

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9. Consultation

If the Board desires to delegate any functions, duties, or powers to non-Board members who are not employees of Bay of Plenty DHB, the prior approval of the Minister of Health is required.

10. Policy Review

The Board will review this policy annually, or at any other time as it sees fit. The Minister of Health must approve any amendments that the Board wishes to make to this policy for compliance with cl.39 of Schedule 3 of the Act.

11. Conflicts of Interest

Where a person (other than a member of the Board, or of an Advisory Committee of the Board) is to perform a function or duty, or exercise a power delegated by the Board, that person must, before performing the function or duty, or exercising the power consider whether or not he or she has (or, as the case requires, will have) on that day any conflicts of interest with Bay of Plenty DHB. If he or she has, then he or she must give to the Board a statement completed in good faith that discloses those conflicts of interest, together with any other such conflicts of interest that the person reasonably believes are likely to arise in future in connection with that particular delegation.

12. Conditions

Any delegations are subject to the following conditions:

1. Delegations supersede all previous and similar delegations.
2. Under no circumstances are delegations to be exceeded.
3. Anyone electing to further delegate a power or responsibility must ensure that the sub-delegation is exercised correctly and limits are not exceeded.
4. Exercise of any delegations is also to meet accepted accounting policies and practices.

REFERENCES / ASSOCIATED FORMS

- New Zealand Public Health and Disability Act 2000
- Public Finance Act 1989
- Bay of Plenty District Health Board chart 'Summarised Delegated Authorities'
- Bay of Plenty District Health Board form 'Expenditure Authorisations'

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Appendix 3

Bay of Plenty District Health Board Code of Confidentiality and Code of Conduct

CODE OF CONFIDENTIALITY

A Board member shall not, during his or her term or at any time thereafter, except so far as may be necessary for the proper performance of the Board member's duties and responsibilities, or as may be required by law:

- i) Disclose to any other person, other than to a member of the organisation's staff, any confidential, sensitive or patient knowledge or information concerning the business, affairs, property or other activities of the organisation including commercially sensitive information which has come to the Board member's knowledge in the course of the performance of his or her term.
- ii) Disclose to any person other than to a member of the organisation's staff, any personal information or any information concerning the condition or medical history of any patient who is receiving or has received services provided by the organisation without the prior consent of the patient or the patient's representative.
- iii) Disclose to any person other than **authorised** members of the BOPDHB's staff, any personal information concerning current, potential or past employees of the organisation (excepting where that individual has authorised the release of such information).
- iv) Use or attempt to use any of the information specified above for the Board member's own personal benefit, or for the benefit of any other person or organisation, or in any manner whatsoever, other than in accordance with the Board member's duties and consistent with the obligation of confidentiality expected of a person in the Board member's position.
- v) Breaches of confidentiality will be considered to be a breach of the BOPDHB's Code of Conduct.

You should note that this does not prevent free speech or speaking out on matters of professional or ethical concern

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CODE OF CONDUCT

1. Compliance

This Code of Conduct has been developed and agreed to by all Board Members of the Bay of Plenty District Health Board. The Code sets out key principles by which we wish to conduct ourselves.

In developing the Code, Board Members recognise the unique nature of the District Health Board, which falls between the disciplines and accountabilities expected of corporate Board Members, and the wider mandate of publicly accountable individuals. The principles in the Code endeavour to address potential differences in attitudes and behaviours of Board Members. We acknowledge that we are ultimately accountable for the successful performance of the District Health Board, and that our actions, both public and private, should support the decisions and activities of the organisation.

Some sections of the Code will be further supported in time by organisation policies - (e.g. Media Relations, Consultation)

2. Principles

Fiduciary Responsibility

Each of us has the duty to ensure that the District Health Board is properly governed. To meet this obligation, we will:

- act in good faith;
- act with honesty and integrity;
- exercise reasonable care, diligence and skill in our duties at all times;
- lay aside all private and personal interests in our decision-making.

3. Commitment

In accepting the position of Board Member we have made a commitment to undertake the work of the Board, and to commit the time required to acquit these responsibilities. We will make every effort to attend scheduled meetings, but recognise that there will be occasional conflicts which require the courtesy of notice.

- We agree to be diligent in preparing for and attending Board meetings.
- We will endeavour to be as informed and as knowledgeable as we can be, about the responsibilities of the District Health Board and the issues presented to us, in order to arrive at the best decisions possible.

4. Collective Responsibility

We recognise that there may be tension at times between the concepts of collective accountability of Board Members and individual accountability to the public of elected Members. Therefore we agree to the following principles:

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- We will clearly express our views at Board meetings, and endeavour to achieve a particular decision and course of action. However, we accept that once a decision has been formally reached by the Board, this decision becomes the policy of the Board.
- We believe that it is inappropriate for a Board Member to undermine a decision of the Board, or frustrate its implementation.
- We will not attempt to re-litigate previous decisions at future meetings of the Board, unless the majority of Members agree to re-open the debate.
- We are mindful that our personal actions should not bring the Board into disrepute or cause a loss of confidence in the activities and decisions of the District Health Board.

5. Clarity of Roles

We are responsible for the governance of the District Health Board, and delegate to the Chief Executive responsibility for implementing the decisions of the Board, and for providing us with free and frank advice to assist us in reaching high quality decisions.

- We agree that, for the purposes of accountability, clarity between the roles of governance and management is essential and we must not become involved with management’s activities.
- We will endeavour to comment publicly only on policy and governance matters for which we are responsible, and to leave public comment on operational and management matters to the Chief Executive and Management according to the District Health Board’s media policy.

6. Employment Relationship

We recognise our role as the employer of the Chief Executive and indirectly of all staff within the District Health Board. We will exercise this employment responsibility professionally and responsibly. To that end:

- We will be supportive of employees of the District Health Board, and will not criticise employees nor the service provided by the District Health Board in public. Any concerns we might have will be raised with the Board and/or Chief Executive, as appropriate.
- We will exercise judgement and courtesy in respecting the protocol of communicating through the Chair and/or Chief Executive, (as appropriate), in raising matters with the Chief Executive and/or senior staff.
- We will not attempt to influence any employee of the District Health Board to present material in a particular way, such that it might affect the outcome of a decision to be made by the Board.
- We will exercise care in communicating privately with employees of the District Health Board, and will refer any staff with complaints or concerns back to the Chief Executive.

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7. Complaints Procedures

We appreciate our role as Board Members in providing a community voice to the activities of the District Health Board. Equally, however, we recognise that the organisation through the mandate of the Board will have processes in place to seek public consultation, prioritise resources, establish waiting lists and times, and respond to consumer complaints etc.

- We will advise residents / health consumers, who desire personal matters to be brought to the attention of the District Health Board, to follow the proper procedure for raising issues and registering complaints.
- We will not advocate on behalf of an individual beyond advising them of the complaints procedure and later checking that the matter has been addressed satisfactorily by the organisation. ('Satisfactorily' refers to the procedures followed by the organisation in addressing the matter, not necessarily whether the outcome is as the individual would wish.)
- We will not make commitments for Board related work or expenditure which have not been previously approved by the District Health Board, nor create any liability for the District Health Board beyond authorised delegations.

8. Legislative Compliance

We are mindful that the position of Board Member brings with it an obligation to act at all times as a responsible member of society.

- We will be familiar with the New Zealand Acts and Regulations that govern our responsibilities as Board Members of the Bay of Plenty District Health Board, and will obey the law, be aware of and respect the processes of the law.
- We will comply with the health and safety policies and procedures operating within the sites and facilities owned by the District Health Board.

9. Confidentiality

We recognise that we will receive information that is both public and private and that the release of information, and access to and handling of personal information, about any individual are governed by the Official Information Act 1982 and the Privacy Act 1993. In order to protect the organisation and ourselves from inappropriate use of information:

- We will make ourselves familiar with this legislation, and refer any requests for 'Official Information' to the Chief Executive.
- We will not disclose publicly any business discussed while the public is excluded from a meeting, and/or information for which good reason exists (under the terms of the Official Information Act) for it to be withheld from the public, unless the Board decides by resolution to make such information public.
- We accept that we may acquire information of a confidential nature, for example about health and disability providers and/or other local and national organisations. We agree not to use any such information for personal advantage, nor to disclose it to any other person unless first authorised by the Board.

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10. Conflict of Interest

We note that the NZ Public Health and Disability Act sets out the definition and procedure for disclosure of Members' interests. This states that:

1. A Board Member who is '*interested in a transaction*' of the District Health Board must, as soon as practicable, disclose the nature of the interest to the Board.
2. The Board Member must not take part in any deliberation or decision of the Board relating to the transaction.
3. The disclosure must be recorded in the minutes and entered in a separate interests register.

"interested in a transaction" is defined within the NZHDA (Interpretation Section) as: *"if the Board Member:*

- (a) is a party to, or will derive a material financial benefit from, the transaction;*
- (b) has a material financial interest in another party to the transaction; or*
- (c) is a director, Member, officer, or trustee of another party to, or person who will or may derive a material financial benefit from, the transaction;or*
- (d) is the parent, child, or spouse (or de facto partner) of another party to, or person who will or may derive a material financial benefit from the transaction; or*
- (e) is otherwise directly or indirectly materially interested in the transaction.*

- We recognise that at times there may arise a 'perception of interest' which is a wider interpretation than that defined in the legislation. We agree that the appropriate procedure is to raise such matters of interest in the first instance with the Chair, who will determine an appropriate course of action.
- We agree that the Board may, where appropriate, decide that a Board Member who has declared an interest in matters to be discussed by the Board should leave the meeting room for the duration of discussion on such matters.
- We will not use our official position for personal gain, or solicit or accept gifts, rewards or benefits which might be perceived as inducements and which could compromise our integrity.
- We will exercise care and judgement in accepting any gifts, and advise the Chair and/or Board of any offer received.

11. Media and Public Comment

We recognise the freedom of Board Members to communicate with the media, but agree that we should do so in a manner consistent with the principles of the Code of Conduct. Primarily we seek to ensure that the Board can function successfully and make informed decisions in the best interests of the public.

- In accepting that we are each entitled to our own views, we agree to exercise care and judgement when commenting on unresolved policy or matters of public debate.
- In particular we will distinguish clearly to our audience whether we are speaking personally and communicating our own views, or whether we are speaking on behalf of the Board and conveying policy decisions taken by the Board.
- We may comment on matters relating to existing policy and practice which has been formally decided by the Board.

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- We agree to refer the media to official spokespeople, where these have been appointed by the Board to respond to specific issues.
- We will refrain from acting in public in a manner that undermines other Board Members, and will not act for self promotion purposes at the expense of the image of the District Health Board itself.
- We agree that our individual activities and contribution to any public debate or discussion should be consistent with the objective of maintaining a non-partisan work environment for the Board.

12. Consultation

We note our legislative obligations to consult with the public in developing our District Strategic Plan, and are mindful that ‘consultation’ is a term with specific meaning that has been derived from case law. We also express a general philosophy and intention to engage with and welcome dialogue with the community.

- We will endeavour to keep an open mind during formal consultation with the public and be prepared to listen, to develop our understanding, and if appropriate to change our view.
- We will ensure that the consultation process provides the public with an effective opportunity to give their views.
- We will be respectful and attentive to Members of the public.
- We note that the judgement from the Court of Appeal decision in Wellington International Airport v Air New Zealand Limited outlines the Court’s view of consultation:

“Consultation does not mean negotiation or agreement. It means setting out a proposal not finally decided upon, adequately informing a party of relevant information upon which the proposal is based, listening to what others have to say with an open mind (in that there is room to be persuaded against the proposal), undertaking that task in a genuine and not cosmetic manner, reaching a decision that may or may not alter the original proposal.”

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Appendix 4

Bay of Plenty District Health Board Interests Register (July 2006)

BOARD MEMBER	NATURE OF INTEREST	DATE LAST UPDATED 6/07/06
HACKETT, MARY	<ul style="list-style-type: none"> ▪ Nil 	
HORSLEY, Graeme J	<p>Director:</p> <ul style="list-style-type: none"> ▪ Graeme Horsley Limited ▪ Hoiho Management Co Ltd ▪ AMP NZ Office Trust ▪ Ngati Whatua o Orakei Corp ▪ Salter Investments Limited <p>Trustee in the following trusts:</p> <ul style="list-style-type: none"> ▪ Graeme Horsley Family Trust ▪ R J Cowley Family Trust ▪ R A Waddel Family Trust ▪ Susan Horsley Trust ▪ Hoiho Lifestyle Trust 	<p>28/4/05 27/10/05 27/10/05</p>
RIESTERER, Donald John	<ul style="list-style-type: none"> ▪ Chairman of the Eastern Bay of Plenty Disability Trust which works in harmony with M.A.I.S.S. and we provide support and distribute funding from the Ministry of Health for groups dealing with disability. ▪ Chair, Zero Waste Trust (NZ) ▪ Chairman, Eastern Bay of Plenty Habitat for Humanity ▪ Board Member of Te Ao Hou PHO 	<p>4/2/05 4/2/05</p>
ARUNDEL, Mark Edmond	<ul style="list-style-type: none"> ▪ Director, Bethlehem Pharmacy 2001 Ltd ▪ Member, Pharmaceutical Society of New Zealand ▪ Member, Pharmacy Guild of New Zealand Inc. ▪ Director, Armev Holdings Ltd ▪ Trustee, Armev Family Trust ▪ Trustee, Otumoetai Intermediate School ▪ Board Member, New Zealand First Inc. 	<p>28/7/05</p>

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KRUGER, Tamati	<ul style="list-style-type: none"> ▪ Chair, Anamata Private Training Establishment ▪ Convenor, Tuhoe Education Authority ▪ Chair, Tuhoe Hauora Trust 	
STEWART, David	<ul style="list-style-type: none"> ▪ Nil 	
BOYES, Yvonne	<ul style="list-style-type: none"> ▪ Committee Member, Cancer Control Council ▪ Deputy Chair, Project Hope Eastern Bay ▪ Bay Health Foundation, Trust Member ▪ Boyes Family Trust ▪ Director, Nautilus Trust ▪ Director, Riesling Holdings Ltd ▪ Director of Nursing, Waipuna Hospice 	<p>30/6/05</p> <p>31/3/05</p> <p>May 2006</p>
GUY, Marion	<ul style="list-style-type: none"> ▪ Western Bay of Plenty PHO Board Member ▪ Employee, BOP DHB ▪ President and Board Member of New Zealand Nurses Organisation ▪ Member, primary health care nursing expert advisory group to the MoH ▪ Practice Nurse, South City Medical Centre 	<p>28/1/05</p> <p>29/9/05</p>
SHORT, Debbie	<ul style="list-style-type: none"> ▪ Nil 	25/2/05
THOMPSON, Paula	<ul style="list-style-type: none"> ▪ Director, Taylor Thompson Ltd (Project Services) ▪ Chairperson/Trustee Sport BOP ▪ Trustee – Bay of Plenty Community Trust ▪ (Associate) Member Waikato District Law Society ▪ (Associate) Member NZIM ▪ Clients (St John and Halberg Trust) 	28/4/05
McCAUSLAND, Punohu	<ul style="list-style-type: none"> ▪ Chairperson, Maori Health Runanga ▪ Director, Nga Mataapuna Oranga (PHO) ▪ Board Member – Te Manu Toroa ▪ Trustee – Waitaha Hauoranga Trust Director – Te Kotahitanga o Te Arawa Fisheries Council 	25/2/05

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<p>TAI, HEKENUI Disability Services Advisory Committee Member (Maori Health Runanga, first nominee)</p>	<ul style="list-style-type: none"> ▪ Nil 	
<p>TAWHAI, ASTRID Disability Services Advisory Committee Member (Maori Health Runanga, second nominee)</p>	<ul style="list-style-type: none"> ▪ Pacific Health Community Dental Services ▪ Kahui Kaumatua, Pacific Health, Whakatane ▪ Employee of Pacific Health, Dental Educator working with pre-school & kohanga reo ▪ Team Member, Te Mana Hauora o Te Whanau-a-Apanui Committee, assisting primary health care workers in establishing their iwi relationships ▪ Voluntary Iwi Support for Housing, networking on behalf of Whanau, with government agents i.e. Housing NZ, Mortgage Brokers, Maori Land Court 	
<p>GRAMMER, BEVERLEY Disability Services Advisory Committee Member</p>	<ul style="list-style-type: none"> ▪ Chairperson DPA Eastern Bay of Plenty ▪ Chairperson Local Advisory Committee CCS Bay of Plenty ▪ Member Total Mobility Management Committee Environment Bay of Plenty ▪ Member National Executive DPA NZ, Information/Advocacy Services Co- ordinator, Disabilities Resource Centre Trust 	
<p>ERLBECK, CHRISTOPHER JOHN Disability Services Advisory Committee Member (approved 140604)</p>	<ul style="list-style-type: none"> ▪ Committee member, EBOP Disabled Persons Assembly 	

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<p>NEAME, ACE Disability Services Advisory Committee Member (approved 140604)</p>	<ul style="list-style-type: none"> ▪ Trustee, WBOP Disability Support Trust; ▪ Committee member, WBOP Post Polio Support Society 	
<p>KIRK, MAREE Disability Services Advisory Committee Member (approved 140604)</p>	<ul style="list-style-type: none"> ▪ Nil 	
<p>FLAVELL, BEV Maori Health Runanga representative on the Community & Public Health Advisory Committee</p>	<ul style="list-style-type: none"> ▪ Committee member, CPHAC Bay of Plenty District Health Board ▪ Tangata Whenua Agreement, Tauranga Hospital ▪ Member, Nga Mataapuna Oranga PHO ▪ Director, Te Manu Toroa Board ▪ Member, Te Whānau Poutirangiora-ā-Papa 	<p>09/03/05</p> <p>16/04/03</p>
<p>STEELE, LUCY Maori Health Runanga representative on the Bay of Plenty Hospital Advisory Committee</p>	<ul style="list-style-type: none"> ▪ Trustee, Te Ao Hou PHO 	<p>12/09/05</p>
<p>AKE, Gertrude Leona Hinemoa (Trudy) Maori Health Runanga representative on the Service & Campus Redevelopment Committee</p>	<ul style="list-style-type: none"> ▪ Deputy Chair, Tuwharetoa Health Services Ltd (Taupo) ▪ Board Member, Hauora Waikato Group ▪ Iwi Representative/Runanga member Tuwharetoa Ki Kawerau 	<p>13/6/05</p>
<p>MALONEY-MONI, JANET Community representative on the Community & Public Health Advisory Committee</p>	<ul style="list-style-type: none"> ▪ Member, NPAC – NZ (Nurse Practitioner Advisory Committee) ▪ Member, National Council Maori Nurses ▪ Fellow, College of Nurses Aotearoa (NZ) ▪ Director, Moni Nursing Services (Contract with DHB) ▪ Expert Advisor to Health and Disability Commissioner ▪ Pre FGC Health Assessor (CYF) ▪ Member, Waioweka Marae Committee 	<p>1/9/05</p>

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NEILSON, JANE Community representative on the Community & Public Health Advisory Committee	<ul style="list-style-type: none"> ▪ Community Practice Nurse Position at Runanga Ngai Tamawhariua under Nga Mataapuna Oranga 	26/9/05
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Guide for Claiming Board and Committee Fees

Committee Fees

- Committee fees are paid at a rate of \$250 per meeting up to a limit of \$2500 pa.
- The same fee is payable to Board Members and non-Board Members serving on committees. However, any officer or elected representative of an organisation that would expect their officers or elected representatives to attend committee meetings as a normal part of their duties and who are paid by them for that, are not eligible to be paid committee fees.
- The fee paid to the Chair of each committee is \$312.50 per meeting up to a limit of \$3125 pa.
- Advisory committees covered by this guide are:
 - Community and Public Health Committee
 - Bay of Plenty Hospital Advisory Committee
 - Disability Services Advisory Committee
- These fees are also payable to members of the Audit, Finance and Risk Management Committee and the Service and Campus Redevelopment Committee.

Board Fees

- Board fees are payable to members elected and appointed under the Health and Disability Act 2000.
- The following fees apply:
 - Board Chair \$42,000 pa.
 - Deputy Chair \$26,250 pa.
 - Board Member \$21,000 pa.
- When an individual receives an annual fee and is absent from the Board for a period of greater than two months, the annualised fee will be pro-rated to take account of this absence, subject to the discretion of the Chairperson.

Claiming Fees

- The process of payment for Board and committee fees is by way of a claim form. Claim forms must be completed by each Board Member and signed. Before processing, all claim forms must be authorised by the Board Chair or a delegated authority.
- Forms must be completed and submitted within two weeks of a meeting for payment in the next available pay period.

General

- The practice of claiming additional fees from BOPDHB for consulting work should not occur, although permission may be obtained from the Minister of Health and Cabinet to provide this service.
- The BOPDHB provides a full disclosure of Board Members fees and attendances in its Annual Report.

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Expenses

Board Members travelling to meetings, or on Board business, are entitled to actual and reasonable reimbursement for out-of-pocket expenses related to travelling, meals and accommodation.

Meal Allowance

An allowance is paid for periods under 24 hours where the member is required by their duties to be away from their usual workplace during the time they would normally eat. An allowance is not paid if a meal is provided:

-	Dinner	\$20.00
-	Lunch	\$5.00

Motor Vehicles

- A rate of 0.62cents/km is paid for the first 3000 km p.a. 3001 kms and over is paid at a rate of 19 cents/km.
- Yearly calculations are based on the anniversary of employment.
- Members are responsible for maintaining a running total of kilometres claimed in a 12 month period.
- Alternatively, a flat rate of 0.28cents/km can be claimed.
- Vehicle expenses and general expenses must be claimed on the official claim form.

Receipts must be attached to claim forms.

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Appendix 6

COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE

Membership:

Mary Hackett
Marion Guy
Yvonne Boyes
Tamati Kruger (Chairperson)
Bev Flavell
Janet Maloney-Moni
Jane Neilson
Ross Dalton
Jo Gravit
Sue Mathews

Terms of Reference:

1. Constitution

The Committee is constituted pursuant to s 34 of the New Zealand Public Health and Disability Act 2000.

2. Role

The role of the Committee is to advise the Bay of Plenty District Health Board on health improvement measures.

The Committee will at all times comply with the provisions of the New Zealand Public Health and Disability Act 2000 and New Zealand Health Strategy.

3. Membership

- a. Membership of the Committee shall be determined by the Bay of Plenty District Health Board and shall include at least one Maori representative.
- b. The appointment of members must comply with the requirements set out in Schedule 4, Clause 6 of the New Zealand Public Health and Disability Act 2000.
- c. The Bay of Plenty District Health Board will appoint the chairperson and deputy chairperson. The appointment of the chairperson and deputy chairperson will comply with the requirements set out in Schedule 4, Clause 11 of the New Zealand Public Health and Disability Act 2000.

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4. Functions

- a. Make recommendations and provide advice to the Board on the health care needs of the population of the district.
- b. Make recommendations and provide advice to the Board on any factors that the Committee believes may adversely affect the health status of the population.
- c. Make recommendations to the Board on the priorities for the allocation of health funding.
- d. Provide advice to the Board on the implications for planning and funding of nationwide health strategies.
- e. Provide advice and make recommendations to the Board on strategies to reduce disparities in health status.
- f. Ensure mechanisms are in place to assess and the performance of service providers against accountability documents, and industry and sector standards.
- g. Monitor the performance of service providers against accountability documents, and industry and sector standards.
- h. To perform any other function as directed by the Board.

5. Delegated Authorities

The following authority has been delegated from the Bay of Plenty District Health Board to the Community and Public Health Advisory Committee:

- a. The authority to require the Chief Executive Officer to attend or prepare reports for meetings of the Committee.
- b. The authority to have the Chief Executive Officer require designated staff to attend or prepare reports for meetings of the Committee.

6. Meetings

- a. The Community and Public Health Advisory Committee shall hold no less than six meetings per annum.
- b. In conducting its meetings the Committee shall comply with the Code of Conduct of the BOPDHB and the requirements of Schedule 4 of the New Zealand Public Health and Disability Act 2000.

7. Reporting

- a. The minutes of the Committee shall form part of the monthly Board agenda.

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- b. Any resolutions made by the Committee are recommendations to the Board will be actioned via a Recommendation Report that is to form part of the monthly Board Agenda. This report will be prepared on the Committees behalf by the Board Secretary.
- c. The Board will report back to the Committee on all recommendations. This report will be by the Board Secretary on behalf of the Board.

8. Relationship with Board and Management

- a. The Committee is accountable to the Board. Its role is to advise and make recommendations to the Board on issues within its designated functions.
- b. The Committee shall receive all material and information for its review or consideration through the Chief Executive Officer.
- c. The Committee shall provide advice and make recommendations to the Board only and is not authorised to give directions or instructions to DHB staff, except as set out in clause 5 above.

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DISABILITY SERVICES ADVISORY COMMITTEE

Membership:

Don Riesterer (Chairperson)
Mary Hackett
Punohu McCausland
Mark Arundel
Beverly Grammer
Ace Neame
Chris Erlbeck
Maree Kirk
Hekenui Tai

Terms of Reference:

1. Constitution

The Committee is constituted pursuant to s 35 of the New Zealand Public Health and Disability Act 2000.

The Committee will at all times comply with the provisions of the New Zealand Public Health and Disability Act 2000 and New Zealand Health Strategy.

2. Role

The role of the Committee is to advise the Bay of Plenty District Health Board on disability related issues for the over 65 age group.

3. Membership

- a. Membership of the Committee shall be determined by the Bay of Plenty District Health Board and shall include at least one Maori representative.
- b. The appointment of members must comply with the requirements set out in Schedule 4, Clause 6 of the New Zealand Public Health and Disability Act 2000.
- c. The Bay of Plenty District Health Board will appoint the chairperson and deputy chairperson. The appointment of the chairperson and deputy chairperson will comply with the requirements set out in Schedule 4, Clause 11 of the New Zealand Public Health and Disability Act 2000.

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4. Functions

- a. To make recommendations to and advise the Board on the disability support needs of the Bay of Plenty's population over the age of 65 or having like needs, and those whose disability is a result of a medical condition.
- b. To advise and recommend to the Board, within funding levels, priorities for disability support services for the population aged over 65 or having like needs, and those whose disability is a result of a medical condition.
- c. To liaise with community groups in relation to the provision of disability support services for the over 65 age group.
- d. To act as an advocate for the disabled population within the BOPDHB district.
- e. Refer disability support groups to the Ministry of Health to ensure that these groups with the BOPDHB region have access to and knowledge of MoH initiatives.
- f. Provide advice to the Board on how initiatives may be brought into existing funding paths.
- g. To make recommendations to the Board in relation to planning, purchasing and provision of disability services to the over 65 age group.
- h. To ensure mechanisms are in place to assess the performance of service providers against accountability documents, and industry and sector standards.
- i. To monitor the performance of service providers against accountability documents, and industry and sector standards.
- j. To perform any other function as directed by the Board.

5. Delegated Authorities

The following authority has been delegated from the Bay of Plenty District Health Board to the Disability Services Advisory Committee:

- a. The authority to require the Chief Executive Officer to attend or prepare reports for meetings of the Committee.
- b. The authority to have the Chief Executive Officer require designated staff to attend or prepare reports for meetings of the Committee.

6. Meetings

- a. The Disability Services Advisory Committee shall hold no less than six meetings per annum.

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- b. In conducting its meetings the Committee shall comply with the Code of Conduct of the BOPDHB and the requirements of Schedule 4 of the New Zealand Public Health and Disability Act 2000.

7. Reporting

- a. The minutes of the Committee shall form part of the monthly Board agenda.
- b. Any resolutions made by the Committee to the Board will be actioned via a Recommendation Report that is to form part of the monthly Board Agenda. This report will be prepared on the Committees behalf by the Board Secretary.
- c. The Board will report back to the Committee on all recommendations. This report will be by the Board Secretary on behalf of the Board.

8. Relationship with Board and Management

- a. The Committee is accountable to the Board. Its role is to advise and make recommendations to the Board on issues with its designated functions.
- b. The Committee shall receive all material and information for its review or consideration thorough the Chief Executive Officer.
- c. The Committee shall provide advice and make recommendations to the Board only and is not authorised to give directions or instructions to DHB staff, except as set out in clause 5 above.

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BAY OF PLENTY HOSPITALS ADVISORY COMMITTEE

Membership:

Mary Hackett
Debbie Short
Graeme Horsley
Paula Thompson (Chairperson)
Lucy Steele

Terms of Reference:

1. Constitution

The Committee is constituted pursuant to s 36 of the New Zealand Public Health and Disability Act 2000.

The Committee will at all times comply with the provisions of the New Zealand Public Health and Disability Act 2000 and New Zealand Health Strategy.

2. Role

The role of the Committee is to advise the Bay of Plenty District Health Board on matters relating to hospitals, Community Health and Disability Services, Public Health and associated services.

3. Membership

- a. Membership of the Committee shall be determined by the Bay of Plenty District Health Board and shall include at least one Maori representative.
- b. The appointment of members must comply with the requirements set out in Schedule 4, Clause 6 of the New Zealand Public Health and Disability Act 2000.
- c. The Bay of Plenty District Health Board will appoint the chairperson and deputy chairperson. The appointment of the chairperson and deputy chairperson will comply with the requirements set out in Schedule 4, Clause 11 of the New Zealand Public Health and Disability Act 2000.

4. Functions

- a. To monitor the financial and operational performance of the hospitals, Community Health and Disability Services, Public Health and related services of the DHB and to advise the Board of any current or future implications of monitored performances.

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- b. Oversight of efficiency gains as set out in Project LEO business case
- c. Assess and monitor strategic issues relating to the provision of hospital and other services provided by the DHB and give advice and make recommendations to the Board based on the results of the monitoring and assessment.
- d. Monitor the development of systems to manage operational and clinical risk and advise the Board if a significant risk is not being mitigated.
- e. Assess the performance of the hospital and related services of the DHB against the hospital and related services provisions of the District Annual Plan, accountability documents, and accepted industry and sector standards. Report any variation from expected standards to the Board and advise the Board of possible corrective measures.
- f. To perform any other function as directed by the Board.

5. Delegated Authorities

The following authority has been delegated from the Bay of Plenty District Health Board to the Hospital Advisory Committee:

- a. The authority to require the Chief Executive Officer to attend or prepare reports for meetings of the Committee.
- b. The authority to have the Chief Executive Officer require designated staff to attend or prepare reports for meetings of the Committee.

6. Meetings

- a. The Hospital Advisory Committee shall hold no less than six meetings per annum.
- b. In conducting its meetings the Committee shall comply with the Code of Conduct of the BOPDHB and the requirements of Schedule 4 of the New Zealand Public Health and Disability Act 2000.

7. Reporting

- a. The minutes of the Committee shall form part of the monthly Board agenda.
- b. Any resolutions made by the Committee to the Board will be actioned via a Recommendation Report that is to form part of the monthly Board Agenda. This report will be prepared on the Committees behalf by the Board Secretary.
- c. The Board will report back to the Committee on all recommendations. This report will be by the Board Secretary on behalf of the Board.

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8. Relationship with Board and Management

- a. The Committee is accountable to the Board. Its role is to advise and make recommendations to the Board on issues with its designated functions.
- b. The Committee shall receive all material and information for its review or consideration through the Chief Executive Officer.
- c. The Committee shall provide advice and make recommendations to the Board only and is not authorised to give directions or instructions to DHB staff, except as set out in clause 5 above.

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Appendix 9

AUDIT FINANCE AND RISK MANAGEMENT COMMITTEE

Membership:

Mary Hackett
David Stewart
Don Riesterer
Graeme Horsley (Chairperson)
Tamati Kruger
Paula Thompson

Terms of Reference:

1. Constitution

The board hereby establishes a committee of the board to be known as the Audit, Finance and Risk Management committee (AFRM committee).

2. Membership

The AFRM committee shall comprise up to 6 members to be appointed by the DHB board from amongst the board members and/or other persons.

- a. The board intends that in most circumstances the chairs of each statutory and non-statutory committee will be members of the AFRM committee
- b. The board must endeavour, where appropriate, to include Māori representation on the committee (clause 38(2), Schedule 3, NZPHD Act).
- c. Best practice indicates that the chairperson of the board should not chair the AFRM committee.
- d. No executive of the DHB should be a member of the AFRM committee (although the attendance of the chief executive and other senior staff may frequently be required).
- e. It may be desirable to appoint one or more external members with relevant professional experience, especially where board members on the committee have limited financial skills and experience. Alternatively, individuals with appropriate skills and experience could be appointed as advisors to, rather than members of, the committee. External committee members must disclose any conflicts of interest (clause 38(6) of Schedule 3, NZPHD Act)
- f. Board members serving on the committee may require training to be provided under clause 5 of Schedule 3, NZPHD Act.

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3. Objective

The objective of the AFRM committee is to ensure that the DHB board complies with its financial accountabilities and responsibilities including, but not limited to, those set out in sections 39 and 41-42 of the New Zealand Public Health and Disability Act 2000 (the NZPHD Act) and section 51 and part 4 of the Crown Entities Act 2004 (the CE Act) and related regulations. .

4. Functions/duties

Audit

- liaise with the internal auditor and review internal audit scope, planning and resourcing
- assist the external auditor to identify risks and issues relevant to the external audit planning process
- the Chairperson of the committee is to receive draft copies of all internal and external audit reports when these are circulated to management for comment.
- The committee will receive the final reports of the internal and external auditors and review their findings
- monitor the progress made by management in implementing recommendations arising from audit.

Financial planning and reporting

- review and advise the board on its approval of the DHB's financial statements and disclosures
- review draft District Annual Plans, Statements of Intent and District Strategic Plans for their financial impact
- review and advise the board regarding finance-related policies and procedures requiring board approval, including delegation policies
- review management accounting and internal financial reporting practices and issues and alert the board to any areas which appear ineffective
- review capital expenditure and asset management planning and their relationship with service planning
- monitor the financial performance and position of the DHB against budget and forecast.

Risk management oversight

- ensure that the DHB complies with its obligations under key legislation
- keep other legislative compliance arrangements under review (such as employment legislation)
- monitor risk assessment and risk management mechanisms, including internal control
- receive and investigate disclosures under the DHB's 'whistle-blowing' policy where it is not appropriate for these to be received and investigated by the chief executive
- monitor and review policies and procedures to minimise and manage conflicts of interest among DHB board members, management and staff
- monitor and review policies and procedures to minimise and manage risks in the contracting of health services
- other monitoring responsibilities as determined by the board, for example in relation to major contracts or construction projects.

Quorum

A quorum of the AFRM committee shall be more than half the members.

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Attendance

The committee may invite the chief executive, chief financial officer, internal and external auditors and/or any other party to attend its meetings as required and when appropriate.

Frequency

Meetings shall be held at least [four] times and up to [ten] times each calendar year. The number and timing of meetings may vary depending on board requirements. The external or internal auditors may request additional meetings if necessary.

Authority

The AFRM committee is constituted by the board under clause 38 of Schedule 3 to the NZPHD Act and must operate in accordance with directions from the board.

The AFRM committee is authorised by the board to investigate any activity within its terms of reference. It has no decision-making powers but makes recommendations to the board on the agenda items submitted to it.

Access

The AFRM committee has free and confidential access to the internal and external auditors (and vice versa) as required to fulfil its objectives, roles and responsibilities. It also has access to the DHB's chief executive officer and chief financial officer and to any other staff through the chief executive officer.

Reporting

The AFRM committee is authorised by the board to obtain outside legal or other independent professional advice if necessary to fulfil its role.

The minutes of AFRM committee meetings will be submitted to the board.

[Copies may also be forwarded to the chief executive, chief financial officer and internal and external auditors either routinely or where actions are required.]

All recommendations from the AFRM committee will go to the DHB board for decision.

Information

The following information will be supplied to the AFRM committee in accordance with deadlines set in its workplan for the year:

Audit

- Draft and final internal and external audit plans and strategies
- External audit engagement letter
- Internal and external audit reports/letters (draft and final)
- Schedule of action points and management reporting of progress made.

Financial reporting and monitoring

- Draft and final financial statements of the DHB
- Details of any proposals to change accounting policies and their impact
- Draft and final District Annual Plans, District Strategic Plans and Statements of Intent
- Finance-related policies and procedures of the DHB and details of any planned amendments
- Management accounts and financial reports as supplied to the board and other board committees

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- Capital expenditure proposals and draft asset management plans.

Risk management oversight

- Risk management policies, procedures and regular reports.

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APPENDIX 1 – Legislative references

New Zealand Public Health and Disability Act 2000: Sections 39 and 41-42, and clause 38(2), Schedule 3

39 District annual plans

- 1 The Minister and DHB must agree on an annual plan of the DHB for each financial year beginning on or after 1 July 2001.
- 2 The annual plan of a DHB for a financial year must:
- a) if the Minister so requires by written notice to the DHB, be in a form specified by the Minister in the notice:
 - b) except to the extent to which the information is included in the DHB's statement of intent for that year, include the following information:
 - i) the intended outputs of the DHB for that year, and how they relate to the DHB's district strategic plan:
 - (ii) the funding proposed for those intended outputs:
 - (c) include the expected performance of the DHB's hospital and related services during the year, and the amount of any capital investment expected to be required:
 - (d) Repealed.
 - (e) have attached a copy of the DHB's completed statement of intent and Crown funding agreement for that year.
- 3 Every annual plan of a DHB must be signed by the Minister and the DHB.
- 4 Each DHB must make its annual plan publicly available as soon as reasonably practicable after it has been signed by the Minister and the DHB.
- 5 If for any reason the statement of intent under [the Crown Entities Act 2004] or Crown funding agreement of a DHB has not been finalised in sufficient time to attach a copy of it to the DHB's annual plan, the DHB must specify in the plan that the statement of intent or Crown funding agreement was not included for that reason, but that the statement of intent or Crown funding agreement will be made publicly available as soon as is practicable in the circumstances.
- 6 A DHB, in making its annual plan publicly available, may omit any information that may properly be withheld under the Official Information Act 1982, if a request for that information were made under that Act.
- 7 A DHB that, in reliance on subsection (6), omits any information from its annual plan must, in that annual plan,—
- (a) state that information has been omitted; and
 - (b) indicate the general nature of the omitted information; and
 - (c) give the DHB's reasons for omitting the information.
- 8 An annual plan, statement of intent, or Crown funding agreement of a DHB must not be inconsistent with the DHB's district strategic plan.

HISTORY NOTE - STATUTES OF NEW ZEALAND

Subsection (2)(d) was repealed, as from 25 January 2005, by s 200 Crown Entities Act 2004 (2004 No 115). Subsection (5) was amended, as from 25 January 2005, by s 200 Crown Entities Act 2004 (2004 No 115) by substituting the words "the Crown Entities Act 2004" for the words "the Public Finance Act 1989".

41 DHBs to operate in financially responsible manner

- 1 Every DHB must operate in a financially responsible manner and, for this purpose, must—
- (a) Repealed.
 - (b) endeavour to cover all its annual costs (including the cost of capital) from its net annual income; and
 - (c) Repealed.
 - (d) Repealed.
- 2 This section does not limit section 51 of the Crown Entities Act 2004
- #### **HISTORY NOTE - STATUTES OF NEW ZEALAND**
- SUBSECTION (1)(A), (C), AND (D) WERE REPEALED, AS FROM 25 JANUARY 2005, BY S 200 CROWN ENTITIES ACT 2004 (2004 NO 115).
SUBSECTION (2) WAS INSERTED, AS FROM 25 JANUARY 2005, BY S 200 CROWN ENTITIES ACT 2004 (2004 NO 115).

42 [Accountability documents under Crown Entities Act 2004]

- 1 Each DHB must prepare statements of intent, annual financial statements, and annual reports in accordance with Part 4 of the Crown Entities Act 2004 and regulations made under section 92(1)(d) of this Act.]

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- 2 Without limiting [sections 141 to 149 of the Crown Entities Act 2004], every statement of intent of a DHB must include provisions stating the procedure for any disposal of land transferred to, or vested in, the DHB under the Health Sector (Transfers) Act 1993.
- 3 Without limiting [section 151 of the Crown Entities Act 2004], every annual report of a DHB must contain—
- (a) Repealed.
 - (b) a report on the extent to which the DHB has met its other objectives under section 22; and
 - (c) a report on the performance of the hospital and related services it owns, including the amount of any capital investment made or required; and
 - (d) Repealed.
 - (e) Repealed.
 - (f) Repealed.
 - (g) the names of any bodies corporate, partnerships, joint ventures, or other associations of persons, or trusts with which the DHB is involved in accordance with section 28(1) or any other provision of this Act; and
 - (h) a list of all shares or interests held in bodies corporate, partnerships, joint ventures, or other associations of persons, or trusts named in accordance with paragraph (g); and
 - (i) a statement of how the DHB has given effect and intends to give effect to its functions specified in section 23(1)(b) to (e).
- 4 For the purposes of section 151(1)(j) of the Crown Entities Act 2004, the annual report of a DHB must disclose any interests to which a permission, waiver, or modification given under clause 36(4) or clause 37(1) of Schedule 3 or clause 38(4) or clause 39(1) of Schedule 4 relates, together with a statement of who gave the permission, waiver, or modification, and any conditions of amendments to, or revocation of, the permission, waiver, or modification.]

HISTORY NOTE - STATUTES OF NEW ZEALAND

THE HEADING TO S 42 WAS AMENDED, AS FROM 25 JANUARY 2005, BY S 200 CROWN ENTITIES ACT 2004 (2004 NO 115) BY SUBSTITUTING THE WORDS “ACCOUNTABILITY DOCUMENTS UNDER CROWN ENTITIES ACT 2004” FOR THE WORDS “APPLICATION OF PUBLIC FINANCE ACT 1989”.

SUBSECTION (1) WAS SUBSTITUTED, AS FROM 25 JANUARY 2005, BY S 200 CROWN ENTITIES ACT 2004 (2004 NO 115).

SUBSECTION (2) WAS AMENDED, AS FROM 25 JANUARY 2005, BY S 200 CROWN ENTITIES ACT 2004 (2004 NO 115) BY SUBSTITUTING THE WORDS “SECTIONS 141 TO 149 OF THE CROWN ENTITIES ACT 2004” FOR THE WORDS “SECTIONS 41C TO 41H OF THE PUBLIC FINANCE ACT 1989”.

SUBSECTION (3) WAS AMENDED, AS FROM 25 JANUARY 2005, BY S 200 CROWN ENTITIES ACT 2004 (2004 NO 115) BY SUBSTITUTING THE WORDS “SECTION 151 OF THE CROWN ENTITIES ACT 2004” FOR THE WORDS “SECTION 41I OF THE PUBLIC FINANCE ACT 1989”.

SUBSECTION (3)(A) WAS REPEALED, AS FROM 25 JANUARY 2005, BY S 200 CROWN ENTITIES ACT 2004 (2004 NO 115).

SUBSECTION (3)(D) TO (F) WERE REPEALED, AS FROM 25 JANUARY 2005, BY S 200 CROWN ENTITIES ACT 2004 (2004 NO 115).

SUBSECTION (4) WAS INSERTED, AS FROM 25 JANUARY 2005, BY S 200 CROWN ENTITIES ACT 2004 (2004 NO 115).

Schedule 3, Clause 38 Committees

- 1 A board of a DHB may—
- (a) establish 1 or more committees of the board for a particular purpose or purposes:
 - (b) appoint, as members of a committee of the board, or as the chairperson or deputy chairperson of any such committee, either members of the board, or other persons, or both:
 - (c) dismiss any member, or chairperson, or deputy chairperson, of a committee of the board:
 - (d) dissolve any committee of the board.
- 2 In making appointments to a committee of a board, the board must endeavour, where appropriate, to ensure representation of Maori on the committee.
- 3 If a board of a DHB dismisses any member, or chairperson, or deputy chairperson, of a committee of the board, under subclause (1)(c), the board must, on or as soon as reasonably practicable after the dismissal, give that person a written statement of the board's reasons for the dismissal.
- 4 A board may regulate the procedure of each committee of the board in any manner not inconsistent with this Act the board thinks fit.
- 5 If meetings of a committee of a board involve making decisions or resolutions on behalf of the board, clauses 16 to 24, 28, and 31 to 35 apply to those meetings as if the committee were the board.
- 6 Before a board of a DHB appoints a person who is not a member of the board to a committee of the board, the person must give the board a statement completed by the person in good faith that—

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- (a) discloses any conflicts of interest that the person has with the DHB as at the date on which the statement is completed, or states that the person has no such conflicts of interest as at that date; and
 - (b) discloses any such conflicts of interest that the person believes are likely to arise in future, or states that the person does not believe that any such conflicts are likely to arise in future.
- 7 Nothing in this clause applies in respect of the community and public health advisory committee, or disability support advisory committee, or hospital advisory committee, of the board of any DHB.
- 8 Clauses 38 and 39 of Schedule 4 apply to every committee established under this clause.

Crown Entities Act 2004: Section 51 and part 4

51 Entity must operate in financially responsible manner

The board of a statutory entity must ensure that the entity operates in a financially responsible manner and, for this purpose, that it:

- (a) prudently manages its assets and liabilities; and
- (b) endeavours to ensure:
 - (i) its long-term financial viability; and
 - (ii) that it acts as a successful going concern.

Part 4 Crown Entity Reporting and Financial Obligations (contents listing only)

Subpart 1 Interpretation for this Part
136 Interpretation for this Part

Subpart 2 Reporting obligations
137 Application of this subpart

Planning: Statement of intent
138 Purpose of statement of intent
139 Obligation to prepare statement of intent
140 Statement of intent for newly established Crown entities
141 Content of statement of intent
142 Extra information required in statement of intent for first financial year
143 Exemption for certain outputs
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ESTATE AND FACILITIES COMMITTEE

Membership:

Mary Hackett
David Stewart (Chairperson)
Graeme Horsley
Trudy Ake

Terms of Reference:

1. Constitution

The Committee is constituted pursuant to schedule 3, Clause 38 of the New Zealand Public Health and Disability Act 2000.

Pursuant to paragraph 42 of the Fees Framework for Members of Statutory and Other Bodies appointed by the Crown the Minister has approved the payment of fees to the members of this committee. This ruling remains in force for the duration of the campus redevelopment project.

2. Role

The role of the Committee is to advise the Bay of Plenty District Health Board on matters relating to campus estate and facilities.

The Committee will at all times comply with the provisions of the New Zealand Public Health and Disability Act 2000.

3. Membership

- a. Membership of the Committee shall be determined by the Bay of Plenty District Health Board and shall include at least one Maori representative.
- b. The appointment of members must comply with the requirements set out in Schedule 4, Clause 6 of the New Zealand Public Health and Disability Act 2000.
- c. The Bay of Plenty District Health Board will appoint the chairperson and deputy chairperson. The appointment of the chairperson and deputy chairperson will comply with the requirements set out in Schedule 4, Clause 11 of the New Zealand Public Health and Disability Act 2000.

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4. Functions

- a) To provide overall direction on key issues of campus redevelopment within the parameters set by the Board, including probity processes, risk management and financial management within the terms of delegated authority.
- b) Conduct periodic reviews of process and performance of campus redevelopment projects with particular attention to budget constraints and timeframes agreed by the Board.
- c) Approve variations and changes that are within delegated authorities and the scope of the project.
- d) To provide reports on progress and advice to the Board, through minutes of the Committee and representations of committee members, on all matters related to the campus redevelopment project.
- e) To ensure campus redevelopment aligns with the policy, clinical evidence, strategic direction and financial parameters agreed by the Board and report any variances to the Board.
- f) To ensure cultural issues are addressed during any redevelopment process.
- g) To monitor and oversee processes for managing risk in relation to redevelopment projects.
- h) To assess and recommend to the Board any proposed variations and changes in scope that exceed the policy parameters determined by the Board.
- i) To initiate periodic reviews of the Project on an agreed basis, and report to the Board any variations in agreed financial parameters, critical pathway etc. Such a review may be initiated by the committee if any issue poses a risk to the Board.
- j) To assess and recommend acceptance of tenders and execution of contracts in accordance with the delegations policy approved by the Board
- k) To ensure that all phases of the campus redevelopment project are managed in an efficient, effective and timely way, having regard at all times to the strategic directions of the Bay of Plenty DHB and the policy parameters of the Project.
- l) Oversee the development of and monitor implementation of an ongoing facilities maintenance and improvement program.

5. Delegated Authorities

The following authority has been delegated from the Bay of Plenty District Health Board to the Estate and Facilities Committee:

- a. The authority to require the Chief Executive Officer to attend or prepare reports for meetings of the Committee.
- b. The authority to have the Chief Executive Officer require designated staff to attend or prepare reports for meetings of the Committee.

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6. Meetings

- a. The Estate and Facilities Committee shall hold no less than six meetings per annum.
- b. In conducting its meetings the Committee shall comply with the Code of Conduct of the BOPDHB and the requirements of Schedule 4 of the New Zealand Public Health and Disability Act 2000.

7. Reporting

- a. The minutes of the Committee shall form part of the monthly Board agenda.
- b. Any resolutions made by the Committee to the Board will be actioned via a Recommendation Report that is to form part of the monthly Board Agenda. This report will be prepared on the Committees behalf by the Board Secretary.
- c. The Board will report back to the Committee on all recommendations. This report will be by the Board Secretary on behalf of the Board.

8. Relationship with Board and Management

- a. The Committee is accountable to the Board. Its role is to advise and make recommendations to the Board on issues with its designated functions, unless specific delegations of authority have been made by the Board.
- b. The Committee shall receive all material and information for its review or consideration through the Chief Executive Officer.
- c. The Committee shall provide advice and make recommendations to the Board only and is not authorised to give directions or instructions to DHB staff, except as set out in clause 5 above.

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CEO REMUNERATION COMMITTEE

Terms of Reference:

Role Statement

The Bay of Plenty District Health Board has established the CEO Remuneration Committee to manage matters related to the employment of the CEO including ensuring that the Chief Executive Officer is fairly remunerated for his/her contribution to the overall performance of the Bay of Plenty District Health Board.

Role of the Chief Executive Officer

The Bay of Plenty District Health Board employs the Chief Executive Officer in accordance with Schedule 3, clause 44 of the New Zealand Public Health and Disability Act 2000.

The Chief Executive Officer is responsible for the day to day management of the District Health Board.

Role of the Committee

The Committee performs the duties of the Board in relation to the employment of the Chief Executive Officer.

Membership

The membership of the Remuneration Committee is determined by the Board on the recommendation of the Chairperson.

The membership of the Committee as at 1 July 2006:

Mary Hackett (Chairperson)
Mark Arundel
Graeme Horsley
Paula Thompson
Don Riesterer

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Meetings:

Frequency: The Committee meets as necessary to determine matters in relation to the Chief Executive Officer's employment.

Quorum: The quorum for a meeting of the Committee is a majority of the members.

Documents in relation to the proceedings of this Committee are confidential and retained by the Board Chairperson.

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Appendix 12

MAORI HEALTH RUNANGA

Terms of Reference:

THE MĀORI HEALTH Rūnanga

The Tiriti o Waitangi/Treaty of Waitangi Partner of the Bay of Plenty District Health Board – Hauora a Toi (hereinafter referred to as “the Rūnanga ”)

Moemoea

Ē hoki koe ki ō Maunga, ki ō Awa. Kia pūrea koe ē ngā Hauora ō Tāwhirimatea.

Return to your sacred mountains and rivers. So that you can be purified by the sacred winds of Tāwhirimatea.

Functions

The Rūnanga is the Tiriti ō Waitangi/Treaty of Waitangi Partner of the Bay of Plenty District Health Board Hauora-ā-Toi and, in accordance with the New Zealand Public Health and Disability Act.

The functions of the Rūnanga are to:

- Ensure that the Tangāta Whenua Determinants of Health including Mana Atua, Mana Tūpuna, Mana Whenua, Mana Tangata, are integrated into the culture of the District Health Board.
- To provide input and direction to the Board at the governance and strategic level on all matters pertaining to the impact of health and disability services on Māori in the Bay of Plenty District Health region.
- To ensure that solutions that address the health needs of Māori are acted upon
- To ensure policy and procedure reflects the needs of Māori
- To ensure the active engagement of Māori at all levels of the health sector and the District Health Board structure.
- To ensure Māori capacity building and development are an integral part of the District Health Board structure.
- To monitor with the District Health Board, a database that identifies Māori provider activity so that successful models can be identified and areas of need determined.
- To monitor the gathering of data from across the region to enable issues to be identified and solutions recommended, excluding individual client or patient information.
- Receive and review reports and make recommendations on gaps and ensure that Māori issues are addressed.
- To assist in developing a
 - 10 year Māori Health Plan - Te Ēkenga Hōu
 - 10 year District Strategic Plan
 - District Annual Planthat will respond to identified needs in the most efficient and cost effective manner in order to maximise the health outcomes for Māori .

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- To consult with the Māori community on the plans and adapt accordingly.
- Review the plans prior to District Health Board signoff.
- Recommend to the Board to action the plans.

Aim

To optimise the total wellbeing of Māori, so that the focus is consistent with Tangata Whenua Determinants of Health ie broader than health and disability support services, but encompasses employment, income, Housing, education, justice and social services.

Specific Responsibilities

To respond to the Board, either directly or following the completion of consultation undertaken by the Rūnanga itself, on matters in respect of which the Board seeks advice from Iwi, Hapu, Whānau and the wider Māori communities.

To ensure appropriate protocols of consultation are established where consultation extends beyond the boundaries of the Bay of Plenty.

To maintain a strategic overview of the Board's activities and to provide advice that reflects the interest of Iwi Hapu and Whānau and the wider Māori communities.

To affirm the Rūnanga's position as an advocate for Iwi, Hapu, Whānau and Māori, as the strategic and governance level in relation to the Board.

To maintain a strategic overview of the Board's programme to build capacity within Māori providers and Māori Health Services working in mainstream.

The Bay of Plenty District Health Board and the Rūnanga engage in a strategic overview of:

- 10 year Māori Health Plan - Te Ēkengā Hōu
- 10 year District Strategic Plan
- District Annual Plan

for:

- Building capacity in addressing areas of concern relating to Māori health
- It's annual plan and statement of intent on the consultation of a strategic plan
- To provide advice and guidance on behalf of Iwi, Hapu, Whānau and the wider Māori communities.

In relation to the responsibilities mentioned above, to maintain a strategic overview of, and provide comment on and input to the Board on, it's Annual Plan and Statement of Intent.

To support the General Manager Māori Health Planning & Funding in developing a co-operative framework that acknowledges and addresses the needs of Community Māori providers, between Pacific Health/Māori Health Services in mainstream.

To nominate persons to represent Iwi, Hapu, Whānau and the wider Māori communities on the statutory committees of the Bay of Plenty District Health Board Hauora-a-Toi (the Rūnanga may recommend representatives on all statutory committees of the District Health Board).

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All Rūnanga nominated representatives to statutory committees will be required to report back to the Rūnanga .

To support the Board in ensuring they undertake Tiriti o Waitangi/Treaty of Waitangi training in accordance with the PH&D Act

NB: All actions taken will be within the terms of the NZ Public Health & Disability Act.

Constraints

The Rūnanga shall not concern itself with the following:

- (1) Decisions of Pacific Health, Māori provider and other private providers to the extent that such decisions concern business planning, the welfare of individual patients or groups of patients or operational management.
- (2) Employment matters arising in relation to Bay of Plenty District Health Board, Pacific Health, Māori providers and other private providers to the extent that such matters concern individual employees or positions.

MEMBERSHIP

The Iwi representatives for the Rūnanga will be:

1	Ngāti Awa	Representative Pouroto Ngaropō
2	Whakatōhea	Representative Isaac Mareroa
3	Te Whānau-ā-Apanui	Representative Astrid Tawhai
4	Ngai Tai	Representative Lucy Steel
5	Ngāti Whare	Representative Roberta Rickard
6	Tūhoe	Representative Tāngiora Tāwhara
7	Ngāti Manawa	Representative Mangu Clarke
8	Ngāti Rangitīhi	Representative Marie Marr
9	Tūwharetoa kī Kawerau	Representative Trudy Ake
10	Ngāti Mākinō	Representative Te Ātauia Ngātai
11	Ngāti Whakahemo	Representative No mandated
12	Ngāti Whakauē kī Maketū	Representative Elaine Tapsell
13	Tāpuika	Representative Ngaire Dinsdale
14	Waitahā	Representative Punohu McCausland
15	Ngāiterangi	Representative Bev Flavell
16	Ngāti Pūkenga	Representative Kipouaka Marsden
17	Ngāti Ranginui	Representative Sylvia Willison
18	Te Whānau ā Te Ēhutu	Representative Astrid Tāwhai

Māori Whānau who are wanting to bring issues of concern forward, may take that through to the Iwi delegate of that region.

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The criteria for membership may include the following

Commitment

In-depth broad knowledge of the health sector

Governance background, experience and commitment to developing this skill base

A strong tikanga Māori base and Te Reo Rangatira

Accountability to the Rūnanga

Excellent written and communication skills

Strong knowledge and understanding of the Tiriti o Waitangi/Treaty of Waitangi and it's application at a governance level

Politically astute

Strong understanding and experience of intersectorial relationships

Sound understanding of the Health & Disability Act 2000 and statutory responsibilities

Legal Compliance for Members

No criminal record

Has integrity and mana with Whānau, Hapu, Iwi, Māori providers and Māori within the community

Iwi representative must declare conflicts of interest

Spokesmanship

All public comment pertaining to the Rūnanga shall be made by the Rūnanga chairperson or his/her delegate. All public comment pertaining to the Māori Health Planning & Funding's operational matters, shall be made by the General Manager Māori Health Planning & Funding Unit in partnership with the Bay of Plenty District Health Board's Chief Executive Officer or his/her delegate.

Naming of the Rūnanga

REFERENCE

These Terms of Reference are supported by the following documents:

Tiriti o Waitangi/Treaty of Waitangi

Declaration of Independence

Hē Korowai Ōranga Māori Health Plan

Whakatātaka Māori Health Actions

The Mataatua Declaration 1993

Hē Ritenga Treaty of Waitangi Principles: Health Audit Framework

Tē Ēkengā Hōu Māori Health Strategic Plan

Hē Pūāwaitanga

Ngā Tikangā-ā-Iwi, Ngā Tikanga-Hapu, Mai I Ngā Kurī-ā-Whārei kī Tihirau

New Zealand Public Health & Disability Act, 2000

Bay of Plenty District Health Board's Meeting Guideline (attached)

Bay of Plenty District Health Board's Code of Conduct (attached)

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ESTABLISHMENT AND CONDITIONS

The Rūnanga will have 18 members with a quorum of 9 members, which will be reviewed as required.

The members will be mandated by their respective Hapu/Iwi.

Proxy Member

Having gone through the same process of mandating as the principal representative, the proxy will sit in the absence of the principal representative for 2 meetings only, per annum. Notification to the Secretary in writing .

Members will hold office for three years, unless he or she:

- Resigns
- Is unable to perform his or her duties.
- Does not attend four (4) meetings per annum. By the third (3rd) meeting of non-attendance there will be a process to explore reasons for non-participation with the Iwi concerned.
- Dies – interim member until further notice. Notwithstanding the death, a proxy/interim member can attend until further notice.
- Is replaced by the Hapu/Iwi he or she represents.

Any Hapu/Iwi representative may resign from the Rūnanga by giving two weeks notice in writing to the Secretary and the resignation will take effect from the date the notice is received by the Secretary. The Hapu/Iwi involved must elect and mandate a new representative immediately.

Rūnanga Meetings

The Rūnanga will hold a minimum of (10) ten meetings a year.

At the first meeting of the Rūnanga , the Rūnanga will appoint the following executive officers:-

- (1) A Chairperson who will be responsible for convening and chairing the Rūnanga meetings.
- (2) A Deputy Chairperson will also be appointed.
- (3) Four members of the Rūnanga for the Executive.
- (4) The Rūnanga Executive has the right to co-opt members onto the Executive committee taking consideration of gender and skill mix, four plus co-opted members

Process for Elections

1. Indicate availability for following positions
2. Elections for Chair conducted first by ballot
3. Result communicated to Rūnanga
4. If the Chair is elected from amongst Eastern Hapu/Iwi then the Deputy Chair must be elected from the Western Hapu/Iwi vice versa.
5. Elections for Deputy Chair
6. Result communicated to Rūnanga
7. Election of (4) four Executive officers.
8. Result communicated to Rūnanga
9. Call for nominations for statutory committees

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Criteria for Election of Rūnanga Executive

Membership

Chair
Deputy Chair
2 Executive Officers - balanced East & West representation

Attendance at Meetings

Rūnanga Executive
Board Executive
GM Māori Health
Rūnanga Secretary
Other attendees as required

Frequency of Executive Meetings

Bi-monthly meetings to coincide with Rūnanga meetings, 8.30am to 9.30am
Rūnanga Executive members must attend all meetings

Role of the Executive

To provide partnership with the Board Executive
Monitor implementation and progress of Rūnanga resolutions to Board
Provide leadership to the Rūnanga
Continue to develop effective relationship with the Board
Attendance at Board meetings

Criteria for Membership

Commitment
In-depth broad knowledge of the health sector
Governance background, experience and commitment to developing this skill base
A strong tikanga Māori base and Te Reo Rangatira
Accountability to the Rūnanga
Excellent written and communication skills
Strong knowledge and understanding of the Treaty of Waitangi and its application at a governance level
Politically astute
Strong understanding and experience of intersectorial relationships
Sound understanding of the Health & Disability Act 2000 and statutory responsibilities

IMPORTANT

If the Chairperson is elected from amongst the Eastern Hapu/Iwi, then the Deputy Chairperson must be elected from the Western Hapu/Iwi. Similarly, if the Chairperson is from the Western Hapu/Iwi the Deputy Chairperson must be elected from the Eastern Hapu/Iwi.

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Attendance of DHB representatives

The Board of the Bay of Plenty District Health Board including the Chairperson, the Māori Board members, the Chief Executive, or his/her delegate are invited to attend all the Rūnanga meetings. Board Chair & Board members attend in ex-officio capacity. Māori Board members attend in ex-officio capacity.

Notice of Rūnanga Meetings

Notice of all Rūnanga meetings will be given in writing to each Iwi representative and advertised in the local newspaper at least fourteen (14) days prior to the meeting. All meetings are open to the public. If all Rūnanga members agree, however, a meeting may be called at any time (special meeting).

Special Meeting

The Rūnanga may call a special meeting, Should they wish to do so. The process will be determined by the elected Rūnanga. Rūnanga Workstream Committees shall operate under same conditions as Rūnanga Executive Committee.

Decision Making Process

All issues will be discussed and agreed upon by the Rūnanga, at a governance level. Decision making at any meeting will be by consensus, but failing a consensus, decision by 75% of the Rūnanga present at the meeting.

Each Hapu/Iwi representative present at a meeting is entitled to one vote.

The Rūnanga will delegate the Executive to formally appoint representatives/persons who will be members of the Executive, to represent the Rūnanga on the Board meetings

Minute Book

All proceedings of meetings will be recorded in a minute book by the Secretary and signed by the Chair or delegated representative.

Alterations and Additions

The Rūnanga may alter, add or cancel, any rules at meetings provided that:

- Written notice of the proposed change is included in the notice of calling the meeting
- The meeting may amend the proposed change
- 50% of the Rūnanga at the meeting agree to change
- No alterations, additions or cancellation will be made to these rules that are in conflict with:-
 - The New Zealand Public Health & Disability Act 2000
 - The aims, functions and responsibilities of the Rūnanga

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Attendance of the Executive Committee at the Bay of Plenty District Health Board Meetings

The Chairperson, Deputy Chairperson and two Rūnanga members (these two Rūnanga members will rotate so all Rūnanga members are able to attend District Health Board meetings), will attend the Bay of Plenty District Health Board, Hauora-ā-Toi, meetings to give a report to the District Health Board. The Chairperson and Deputy Chairperson will represent the Rūnanga at the Board meetings.

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**MEMORANDUM OF UNDERSTANDING BETWEEN
THE MAORI HEALTH RUNANGA
AND THE BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA-A-TOI**

INTRODUCTION

1.0 The Parties

- 1.1 The Bay of Plenty District Health Board Hauora-a-Toi is a crown entity established under the New Zealand Public Health and Disability Act 2000.
- 1.2 The Runanga represents the interests of Whanau, Hapu, Iwi and Maori within the area of the Bay of Plenty District Health Board Hauora-a-Toi.

2.0 Definitions

- 2.1 Board means the Bay of Plenty District Health Board Hauora-a-Toi.
- 2.2 The Runanga means the 18 Iwi listed in the Terms of Reference forming the Bay of Plenty Maori Health Runanga.
- 2.3 Statutory committees means the Community & Public Health Advisory Committee, the Bay of Plenty Hospital Advisory Committee and the Disability Services Advisory Committee of the Bay of Plenty District Health Board Hauora-a-Toi.
- 2.4 Runanga means the Maori Health Runanga for the Bay of Plenty.
- 2.5 The Act means the New Zealand Public Health & Disability Act 2000.

3.0 The Act

- 3.1 The Act provides for mechanisms to enable Maori to contribute to decision-making on, and to participate in the delivery of, health and disability services.¹
- 3.2 These mechanisms include:
- A prescribed function of establishing and maintaining processes to enable Maori to participate in, and contribute to, strategies for Maori health improvement.²
 - A prescribed function of fostering the development of Maori capacity for participating in the health and disability sector and for providing for the needs of Maori;³ and
 - Providing for Maori representation on the advisory committees required by the Act.⁴
 - To promote the reduction of adverse social and environmental effects on the people and communities⁵
 - To actively investigate, facilitate, sponsor and develop co-operative and collaborative arrangements with persons in the health and disability sector, or in any other sector, to improve, promote and protect the health of people and to promote the inclusion and participation in society and independence of people with disabilities.⁶

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THE BOARD AGREES AS FOLLOWS

4.0 Relationship

- 4.1 To recognise and respect the principles of the Treaty of Waitangi and with a view to improving health outcomes for Maori⁶
- 4.2 To endeavour in good faith to meet its obligations with respect to Maori under the New Zealand Public Health and Disability Act 2000.
- 4.3 To maintain a relationship between the Board and the Runanga that allows the Runanga to appropriately undertake the responsibilities stated in its Terms of Reference and the Memorandum of Understanding.
- 4.4 To ensure the development of links with Whanau, Hapu, Iwi, Maori and Maori providers in the Bay of Plenty region.
- 4.5 To build capacity in Maori providers and share information with them in accordance with its obligations under the Act.
- 4.6 To agree with the Runanga such nominees of the Runanga as may be appointed to the statutory committees in the exercise of the Board's statutory power of appointment and in accordance with the Runanga's operational requirements.
- 4.7 To fund the Runanga by the means of an annual capped grant for expenses as agreed from time to time with the Board.

5 Bay of Plenty District Health Board Maori Health Runanga

- 5.3 To participate in the establishment of a Bay of Plenty Maori Health Runanga to undertake those responsibilities set out in the Terms of Reference and the Memorandum of Understanding.
- 5.4 To the operation of the Runanga in accordance with the requirements set out in the operational requirements of the Bay of Plenty District Health Board Maori Health Runanga.

THE MAORI HEALTH RUNANGA AGREE AS FOLLOWS

5.0 Relationship

- 5.1 To recognise the Board as the body appointed to ensure the funding and provision of health and disability services under the Act.
- 5.2 To acknowledge that consultation by the Board with the Whanau, Hapu, Iwi and Maori may occur directly or through the Runanga.
- 5.3 To participate in the establishment of a Whanau, Hapu, Iwi, Maori Treaty of Waitangi entity to undertake those responsibilities set out in the Terms of Reference and the Memorandum of Understanding.

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- 5.4 To operate in accordance with the provisions set out in the operational requirements for the Runanga.
- 5.5 Non-attendance by representatives of the Runanga at meetings occurring over four consecutive meetings without reasonable excuse, shall be deemed to constitute withdrawal of that Iwi from this Runanga.
 - (i) In this event there will be a process to explore reasons for non-participation.
 - (ii) There will be a mechanism to reconstitute membership
- 5.6 In making recommendations to the Board, including the appointment of persons to the Statutory Committees, the Runanga shall recognise that the Bay of Plenty District Health Board has authority in law and cannot abrogate its responsibility in favour of another party.

6.0 Review of Memorandum

- 6.1 This Memorandum may be amended by agreement of all parties to it at the time amendment is proposed.
- 6.2 **Good Faith Clause:**
Both parties will act in good faith to adhere and uphold the Terms of Reference and Memorandum of Understanding. In the event there is non-agreement between the two parties, then both must act in good faith to co-operate with each other to resolve any dispute. This may include referring the matter to mediation or arbitration.

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Bay of Plenty District Health Board Board & Committee Meetings Schedule 2007

Month	BOARD DAY			Committee Day PHAC, CPHAC, DSAC, AFRM, SCRC		Venue
	Papers Due Date (Fridays)	Meeting Date Third Wednesday	Venue	Papers Due Date (Fridays)	Meeting Date Last Thur	
Jan 07	No meeting	No meeting		No meeting	No meeting	
Feb 07	09 Feb	21 Feb	TBA Tauranga	09 Feb	22 Feb	TBA Tauranga
March 07	09 March	21 March	Whk Hospital	16 March	29 March	TBA Hospital
April 07	06 April	18 April	TBA Tauranga	13 April	26 April	TBA Tauranga
May 07	04 May	16 May	Whk Hospital	18 May	31 May	TBA Hospital
June 07	08 June	20 June	TBA Tauranga	15 June	28 June	TBA Tauranga
July 07	06 July	18 July	Whk Hospital	13 July	26 July	TBA Hospital
Aug 07	03 Aug	15 Aug	TBA Tauranga	17 Aug	30 August	TBA Tauranga
Sept 07	07 Sept	19 Sep	Whk Hospital	14 Sept	27 Sep	TBA Hospital
Oct 07	05 Oct	17 Oct	TBA Tauranga	12 Oct	25 Oct	TBA Tauranga
Nov 07	09 Nov	21 Nov	Whk Hospital	16 Nov	29 Nov	TBA Hospital
Dec 07	30 Nov	13 Dec	TBA Tauranga	No meeting	No meeting	

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Jan 08	No meeting	No meeting		No meeting	No meeting	
Feb 08	08 Feb	20 Feb	TBA Tauranga	15 Feb	28 Feb	TBA Tauranga

BOARD DAY:

0900 Workshop
1000 Board Meeting
1230 Lunch

COMMITTEE DAY:

0800 SCRC
0930 AFRM
1130 CPHAC
DSAC
1230 Lunch
1330 PHAC

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STANDING ORDERS FOR MEETINGS OF THE BAY OF PLENTY DISTRICT HEALTH BOARD AND COMMITTEES

1 Notification of Meetings

- 1.1 Meetings of the Board and Committees will be publicly notified pursuant to the requirements set out in Schedule 3, clause 16 of the New Zealand Public Health and Disability Act 2000 (the Act).
- 1.2 Members will be notified of meetings pursuant to the requirements of Schedule 3, clause 18 of the Act.

2 Agendas

- 2.1 The agenda for each meeting shall be prepared in consultation with the Chairperson of the Board/Committee.
- 2.2 The meeting agenda will be circulated to Board/Committee members 4 working days prior to the meeting.
- 2.3 The open section of meeting agendas will be publicly available 2 working days prior to the meeting.
- 2.4 The Chief Executive Officer has the authority to make formal recommendations on all matters on any agenda, except those pertaining to the Chief Executive's employment.
- 2.5 Pursuant to Schedule 3, clause 28 of the Act if an item is not on the agenda the Board/Committee may deal with that item if it decides to do so via resolution and the Chairperson explains at the commencement of the session why the item was not included in the agenda and the reason it cannot be held over until the next meeting.

3 Exclusion of the Public

- 3.1 The Board/Committee and/or the Chief Executive Officer may decide that an agenda item should be discussed with the public excluded. If this decision is made then pursuant to Schedule 3, clause 32 of the Act the Board/Committee may pass a resolution excluding the public from the meeting.

4 Voting

- 4.1 The Board will make every endeavour to reach a consensus decision, failing this all decisions made by the Board/Committee will be by majority vote of those members present.
- 4.2 If there is any doubt as to the vote, voting shall be via show of hands.
- 4.3 If the vote is tied the Chairperson does not have a casting vote and the issue is negated.
- 4.4 A member may request that their vote against the resolution be recorded in the minutes.
- 4.5 Board Members have voting rights at meetings of Committees to which the Board formally appointed them.
- 4.6 Non-Board Members have voting rights at meetings of Committees to which the Board formally appointed them.
- 4.7 At the Board meeting only elected and Ministerially appointed members may vote. The Runanga Representative to the Board has no voting rights at meetings of the Board.

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5 Resolutions

- 5.1 Discussion on recommendations shall be broad and informal, however the Chairperson has the authority to set a time limit on discussion and to control the order of speaking.
- 5.2 At the completion of the discussion the resolution must be formally put to the meeting and a mover and seconder recorded.
- 5.3 Once the motion has been moved and seconded silence shall be deemed to constitute an intention not to vote against the motion.
- 5.4 Amendments to the motion may be made by the moving and seconding of the proposed amendment.
- 5.5 Once moved and seconded an amendment must be voted on:
 - a. If the amendment is adopted then it becomes the substantive motion and the original motion stands defeated.
 - b. If the amendment is not adopted then the original motion remains the substantive motion and the Board/Committee must vote on it.
- 5.6 Subsequent amendments to the motion may be made, however each member may only move or second one amendment. The mover and seconder of the original motion may not move or second an amendment.
- 5.7 The Board/Committee may rescind a resolution at a subsequent meeting but must give reasons for the decision.
- 5.8 Resolutions made by the Committees will be approved by the Board when the Board adopts the Committee minutes.

6 Minutes

- 6.1 Minutes will be taken at each meeting of the Board/Committee and shall accurately reflect the proceeding of the meeting.
- 6.2 Minutes will be prepared in draft format by the Board Secretary and circulated to the Chairperson for approval.
- 6.3 Minutes will be finalised when they are confirmed at a subsequent meeting of the Board/Committee.
- 6.4 Committee minutes will be placed on the Board agenda for adoption.
- 6.5 Minutes of the open session of Board/Committee meetings will be made available to the public.
- 6.6 Public requests for confidential minutes will be dealt with on an individual basis under the provisions of the Privacy or Official Information Acts.

7 Public Participation

- 7.1 Public participation at meetings will normally be limited to those individuals/groups who have been invited by the Board/Committee to make a presentation to the meeting.
- 7.2 The Chairperson may however, at their discretion, invite a member of the public to speak to the meeting.

8 Quorum

- 8.1 No decision may be made at any meeting of the Board/Committee unless a quorum is present.
- 8.2 A quorum of the Board/Committee is:
 - a. if the total number of members is even, then half that number
 - b. if the total number of members is odd, then a majority of members

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9 Tele or video conferences

- 9.1 A meeting of the Board/Committee may be made via tele or video conference, provided that all members who wish to participate have the technology to do so.
- 9.2 All the relevant provisions of these standing orders apply to tele or video conference meetings.
- 9.3 A decision of the Board/Committee made during a tele or video conference has the same effect as if the Board/Committee had meet at the same physical location.

10 Suspension of Standing Orders

- 10.1 The Board/Committee may by resolution suspend any or all of these standing orders for all or part of any meeting.

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